

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 08/24/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 08/28/2008						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	ROBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	3101	967	THE TAXONOMY CODE FOR THE ATTE NDING PROVIDER IS MISSING				
		8599	593	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	41	3367	5952	2585
		5404	299	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404904	WESTERN HIGHLAN DS LME	11	21	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	21	156	135
3404910	PATHWAYS	8959	245	REFERRING PROVIDER NPI IS MISS ING. LEGACY REFERRING PROVIDER IS TYPICAL. PLEASE R				
		8800	91	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	549	4056	3507
		8534	87	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
3404912	MENTAL HEALTH P ARTNERS	191	34	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8599	22	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	115	3901	3786
		8534	21	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
3404913	MECKLENBURG COM ENTAL HEALT	21	1591	DUPLICATE OF CLAIM-SYSTEM				
		8800	1302	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	3887	12077	8190
		8599	411	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA VIOAL HEAL	8326	527	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8800	109	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	870	7898	7028
		8536	89	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404917	CENTERPOINT HUM AN SERVICES	8800	279	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		11	223	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	558	3239	2681
		8599	24	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8800	547	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8326	45	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	724	3986	3262
		8599	40	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8961	261	ATTENDING PROVIDER NPI IS MIS SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH				
		8326	123	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	497	9127	8630
		8536	41	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404921	ORANGE PERSON C HATHAM AREA	11	461	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8326	125	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	1083	5480	4397
		21	124	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	21	500	DUPLICATE OF CLAIM-SYSTEM				
		8800	367	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	885	1007	122
		8664	16	SERVICE DENIED, LIMITATION HAS BEEN EXCEEDED FOR THE FISCAL YEAR.				
3404923	FIVE COUNTY MH	8326	167	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		11	72	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	374	974	600
		8534	51	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
3404925	SANDHILLS CENTE R FOR MH/DD	8800	159	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	108	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	586	3701	3115
		23	102	SERVICE REQUIRES PRIOR APPROVA L				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	28	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	160	2797	2637
		79	21	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				

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3404927	CUMBERLAND CO M HC	8622	150	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8599	121	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	458	2195	1737
		8534	65	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		23	2	SERVICE REQUIRES PRIOR APPROVA L	0	5	84	79
3404931	WAKE CO HUM SVC BILLING OF	8326	440	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8536	351	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	59	2125	14099	11974
		8599	264	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	78	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8326	22	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	116	2248	2132
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONSLow CARTERET BEHAV HEAL	8326	160	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8599	126	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	547	2032	1485
		11	92	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	11	149	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	8	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	166	791	625
		191	3	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404939	EAST CAROLINA B EHAVIORAL H	8800	67	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		21	64	DUPLICATE OF CLAIM-SYSTEM	0	268	2639	2371
		8326	37	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	11	116	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	17	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	171	2810	2639
		8931	6	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404944	EASTPOINTE HUMAN SERVICES	8326	371	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTED				
		79	220	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	1	760	4705	3945
		8988	84	CLAIM DENIED, ATTENDING PROVIDER WAS NOT ENDORSED/LICENSED/CERTIFIED				
3404946	FOOTHILLS AREA MENTAL HEALTH	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404949	PIEDMONT BEHAVIORAL HEALTH	8534	666	SERVICE FACILITY LOCATION IS NOT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
		21	309	DUPLICATE OF CLAIM-SYSTEM	0	1281	2328	1047
		8599	181	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				